

FILED DEC 28 1950

STANDARD CERTIFICATE OF DEATH

432221

State File No. _____

Registrar's No. 3105

4000 4

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ballwin Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay-Mo. 4870</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pine Crest Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>939 Bartolet</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gustav</u> b. (Middle) <u>Nielson</u> c. (Last) <u>Nielson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 20 50</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated</u>	8. DATE OF BIRTH <u>9-17-93</u>
9. AGE (In years last birthday) <u>67</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unknown</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>unknown</u>	9. AGE (In years last birthday) <u>67</u>
11. BIRTHPLACE (State or foreign country) <u>MICHIGAN</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Nielson</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>unknown</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u> (If yes, give war or dates of service) <u>X</u>	
16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Pine Crest Homes</u> ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>12/14</u> , 19 <u>50</u> , to <u>12/20</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12/18</u> , 19 <u>50</u> , and that death occurred at <u>540 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>C. Theslie M.D.</u> (Degree or title)		23b. ADDRESS <u>Kirkwood, Mo.</u>	
23c. DATE SIGNED <u>12/15/50</u>		24a. BURIAL CREMA- (Specify)	
24b. DATE <u>12/23/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Cmt.</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>		24e. DATE REC'D BY LOCAL REG. <u>12/23/50</u>	
24f. REGISTRAR'S SIGNATURE <u>Robert R. Donke</u>		24g. FUNERAL DIRECTOR'S SIGNATURE <u>H. Bopp</u> ADDRESS <u>Kirkwood</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mae
Sandler
2/17

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....

Felix Demand

Licensed Embalmer No. *3039*

P. O. Address *Kirkwood 222*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.